


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90005 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004005**

1. Corporation Name

**DEVISEVA, INC.**

Principal Place of Business

**15411 NW 89 STREET  
ALACHUA FL 32615**

Mailing Address

**15411 NW 89 STREET  
ALACHUA FL 32615**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>07/08/1998</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>59-3499096</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75 Additional Fee Required</b>
Zip	Country	6. Election Campaign Financing
24	25	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	29	Trust Fund Contribution
	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMTOIS, LORI  
15411 NW 89 STREET  
ALACHUA FL 32615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEILAND, SUSAN</b>	1.2 NAME	
STREET ADDRESS	<b>P O BOX 2038 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL 32616</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRY, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>33-22 85 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSON HEIGHTS NY 11372</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMTOIS, LORI</b> <b>LORI</b>	3.2 NAME	
STREET ADDRESS	<b>15411 NW 89 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNIA, REBECCA</b>	4.2 NAME	
STREET ADDRESS	<b>RD 1 BOX 295</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOUNDSVILLE VA 26041</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-5-98 904-462-7981**

CR2E037 (11/98)